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Christine M/ /Holdes	(Depositor's name)
THUMUU NA KAUW	(Signature)
October 14 2004	(Date)

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/904,676 07/13/2001 210 234 5184 Michael W. Austin

TITLE OF INVENTION: HINGED PANEL FOR AIR HANDLER CABINET

APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330)	\$300	\$1630	10/15/2004
EXA	MINER	ART UN	IT	CLASS-SUBCLASS	ן	
NOVOSAD, JENI	NIFER ELEANORE	3634		312-326000	-	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		(1) the nor agents (2) the naregistered 2 register	inting on the patent front page, li ames of up to 3 registered pate OR, alternatively, ame of a single firm (having as d attorney or agent) and the nan red patent attorneys or agents: If name will be printed.	nt attorneys 1 Wall Bilir a member a		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Number is required.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Carrier Corporation

Farmington, CT

Please check the appropriate assignee category or categories (will not b 4a. The following fee(s) are enclosed:	e printed on the patent);				
	·				
☑ Issue Fee	☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.				
☑ Publication Fee (No small entity discount permitted)					
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